

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2005 - 2006 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 District Name County Name County Number Legal Entity Number Teton Choteau Public Schools 0883 0884 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 52 30 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner teton Bus Service Inc. 1GBJG31F1Y1250314 G643 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0883 0884 % 50.00 % 50.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are

required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this	bus operates within the transportation
area assigned to it by the County Transportation Committee.	
Signature - Chair, County Transportation Committee	Date



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receives state reimbursement e	ven though transpo	ortees of another legal enti	ty may utilize	the services.	В	ate Per Mile	
Due Dates All Routes	To County Supt To OPI October 1 October 15				60.95		
County Name		County Number	District Name			Legal Entity Number	
Teton		50	Choteau	Public Schools		0883 0884	
Route #			Type of Service ☐ Bus Route Mi		eage	Rated Capacity	
4	94		Bus Rout	□ Non Bus Milea e Mileage		47	
Vehicle I.D. #	License #		District Owned Contrac		ontractor O		
0HVBBABM6YH303767	G642	□ Contract - If so, Name of Owner teton □ Contracted rate per mile		eton Bus Se	Bus Service Inc.		
Reimbursement Distribution- Er	ter the legal entity			reimbursement to be pa	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Entity	must mato	Legal Entity		Legal Entity		
0883	30	384					
% 50.00	% 50.	00	00 %		%		
PASSENGER INFORMATION	_						
Number of Preschool/Kindergar	ten pupils riding	ELEMENTARY RII (Grades PK-8	-	HIGH SCHOOL F (Grades 9-1	_	TOTAL ELIGIBLE RIDERS	
		а		р		C	
Regular (include eligible Preschool/h	(indergarten riders)	NUMBER		NUMBER		a+b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderonpublic School Riders (ineligible)	ement that would be eligible)						
TOTAL RIDERS							
We hereby certify that this bus wind County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts show understand route changes of accordance with 20-10-132, MCA. I certify that this application for it bus operates on the route as apsignature - Chair, Board of Trustees	We further certify that us and bus route by the meets the minimum is ensed, qualified and a citing or causing other the laws, rules or regions and trained be attached to the curring during the scheduler of schoproved by and with the scheduler of the curring that the scheduler of the scheduler o	this bus transports pupils elighe State Superintendent; to m tandards as established by the pproved driver to operate such as to solicit students from othe ulations governing school transports students from outside a county superintendent's copy nool year require the filing of a ol bus and state reimburses.	ible for school to ake such report e Board of Publ h vehicle as requestransportation sportation will be the district, a corost of this documen amended TR-	ransportation as defined by its to the State Superintende ic Education, the Montana I juried by 20-10-103, MCA. In areas. The sufficient cause for withhom the agreement between the company of the agreement between the company of the agreement of the and complete to the best and complete to the best is to the state.	20-10-101, MCA nt and County St dighway Patrol an olding of state and een Boards, 20-10 County Transpor	uperintendent as are not the State d county reimbursement for 0-126(2) MCA, signed by tation Committee in dge and belief, and the	
		mmittee Approval as rec					
This Application for Registration area assigned to it by the Count			s been review	ved and I certify that this	bus operates	within the transportation	
Signature - Chair, County Transport					Date		



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Teton Choteau Public Schools 0883 0884 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 98 60 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner teton Bus Service Inc. 1BAAGLSH6VF073232 G644 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0883 0884 % 50.00 % 50.00 % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Dates: All Routes		To County Supt October 1		To OPI October 15		Rate Per Mile \$1.15	
County Name		County Number	District Nan	District Name		Legal Entity Number	
Teton		50	Fairfield I	Public Schools		0890 0891	
Route #	Length of Route			Type of Service Bus Route Mi		Rated Capacity	
3	100		Rue Rout	□ Non Bus Mileage Route Mileage		58	
Vehicle I.D. #	License #		☐ District Ow		District Owned		
4UZAAXBV33CL71588	434		☐ Contract - If so, Name of Owner ☐ Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal entity		of state/county	reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Entity	у	Legal Entity	Legal Enti		ty	
0890	O	891				•	
% 50.00	% 50	.00	0 %		%		
PASSENGER INFORMATION	1 78 30	.00	/0		/0		
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
		а		b NUMBER		c a+b	
Regular (include eligible Preschool/	Kindergarten riders)	NUMBER		INUIVIDER		аты	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
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- J, County Transport							



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Due Dates: All Routies County Number October 1 District Name County Number District Name Legal Entity Number Teton So Fairfield Public Schools Bus Route Mileage Long Route (Route Capacity) Long Service Bus Route Mileage Long Bus Route Mileage So Vehicle I.D. 9 Uchide I.D. 9 Uchid	This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
Teton	Due Dates:						Rate Per Mile \$1.15			
Route # Length of Route (miles per day) 4	County Name			County Number		District Name			Legal Entity Number	
Second Processes Second Proc	Teton			50		Fairfield Public Schools			0890 0891	
A	Route #	Leng	th of Route	(miles per day)		Type of Ser			Rated Capacity	
Vehicle I.D. #	4	56				Bus Rout		age	52	
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #		License #			District Ow	ned [District Own	ned	
Legal Entity 0890 We 50.00 We 60.00 We 60.0	4UZAAZBVX1CH69915		396							
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1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Teton Fairfield Public Schools 0890 0891 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 5 118 40 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner XIT88P4B26W115870 350 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0890 0891 50.00 50.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Teton Power Public Schools 0894 0895 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3 93 60 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1FDPJ75C1RVA41434 123 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0894 0895 70.00 30.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee

Date



Date

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